

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

5/19/04 11-9005

|            |             |
|------------|-------------|
| SERIAL NO. | FILING DATE |
|------------|-------------|

|              |
|--------------|
| APPLICANT(S) |
|--------------|

CLAIMS

| CLAIMS | AS FILED |     | AFTER 1ST AMENDMENT |     | AFTER 2ND AMENDMENT |     |
|--------|----------|-----|---------------------|-----|---------------------|-----|
|        | IND      | DEP | IND                 | DEP | IND                 | DEP |
| 1      |          |     |                     |     |                     |     |
| 2      |          |     |                     |     |                     |     |
| 3      |          |     |                     |     |                     |     |
| 4      |          |     |                     |     |                     |     |
| 5      | 1        |     | 1                   |     |                     |     |
| 6      | 1        |     |                     | 1   |                     |     |
| 7      | 1        |     |                     | 1   |                     |     |
| 8      | 1        |     |                     | 1   |                     |     |
| 9      | 1        |     |                     | 1   |                     |     |
| 10     | 1        |     |                     | 1   |                     |     |
| 11     | 1        |     | 1                   |     |                     |     |
| 12     | 1        |     | 1                   |     |                     |     |
| 13     | 1        |     | 1                   |     |                     |     |
| 14     | 1        |     | 1                   |     |                     |     |
| 15     | 1        |     | 1                   |     |                     |     |
| 16     | 1        |     | 1                   |     |                     |     |
| 17     | 1        |     | 1                   |     |                     |     |
| 18     | 1        |     | 1                   |     |                     |     |
| 19     |          |     |                     |     |                     |     |
| 20     | 1        |     | 1                   |     |                     |     |
| 21     | 1        |     | 1                   |     |                     |     |
| 22     | 1        |     | 1                   |     |                     |     |
| 23     | 1        |     | 1                   |     |                     |     |
| 24     | 1        |     | 1                   |     |                     |     |
| 25     | 1        |     | 1                   |     |                     |     |
| 26     | 1        |     | 1                   |     |                     |     |
| 27     | 1        |     | 1                   |     |                     |     |
| 28     | 1        |     | 1                   |     |                     |     |
| 29     | 1        |     | 1                   |     |                     |     |
| 30     | 1        |     | 1                   |     |                     |     |
| 31     | 1        |     | 1                   |     |                     |     |
| 32     | 1        |     | 1                   |     |                     |     |
| 33     |          |     |                     |     |                     |     |
| 34     |          |     |                     |     |                     |     |
| 35     |          |     |                     |     |                     |     |
| 36     |          |     |                     |     |                     |     |
| 37     |          |     |                     |     |                     |     |
| 38     |          |     |                     |     |                     |     |
| 39     |          |     |                     |     |                     |     |
| 40     |          |     |                     |     |                     |     |
| 41     |          |     |                     |     |                     |     |
| 42     |          |     |                     |     |                     |     |
| 43     |          |     |                     |     |                     |     |
| 44     |          |     |                     |     |                     |     |
| 45     |          |     |                     |     |                     |     |
| 46     |          |     |                     |     |                     |     |
| 47     |          |     |                     |     |                     |     |
| 48     |          |     |                     |     |                     |     |
| 49     |          |     |                     |     |                     |     |
| 50     |          |     |                     |     |                     |     |

|              |    |    |
|--------------|----|----|
| TOTAL IND.   | 12 | 12 |
| TOTAL DEP.   | 16 | 16 |
| TOTAL CLAIMS | 38 | 29 |

|              |    |    |
|--------------|----|----|
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| TOTAL DEP.   | 16 | 16 |
| TOTAL CLAIMS | 38 | 29 |